

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18391

State File No. ....

Registrar's No. ....

FD MAY 20 1940  
Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County..... Marion  
(b) City or town..... Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Elizabeth  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... years, months or days)

3. (a) PRINT  
FULL NAME

Rosa L. Lucas

3. (b) If veteran,  
name war.....

3. (c) Social Security  
No.....

4. Sex..... Female 5. Color or race..... White  
6. (a) Single, widowed, married, divorced..... Widowed  
6. (b) Name of husband or wife..... James E. Lucas  
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... March 15, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 0 13 hr. min.

9. Birthplace..... Unison Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name..... John W. Barton  
13. Birthplace..... Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Marytha Beavers  
15. Birthplace..... Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Thayer Kennedy

(b) Address..... 811 Birch Hannibal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 3/30/43  
(Month) (Day) (Year)

(c) Place: burial or cremation..... Fairview Frankford, Mo.

18. (a) Signature of funeral director..... Wm M. Smith

(b) Address..... 902 Broadway Hannibal Missouri

19. (a) 3-30-43 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Marion  
(c) City or town..... Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No..... 811 Birch  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 28  
year..... 1943 hour..... 9 minute..... 30 A. M.

21. I hereby certify that I attended the deceased from..... March  
27..... 19. 43 to..... March 28..... 19. 43  
that I last saw him..... March 28..... 19. 43  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary thrombosis

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... B. L. Murphy (M. D. #.....)  
Address..... Hannibal, Mo. Date signed..... 3/30/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wm. Murphy

1146

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
George T. Bond, Registered Apprentice No. 350,  
working under my personal supervision.

Signed.....

*John M. Smith*

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**